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**DATE:** March 19, 2007**PTO IDENTIFIER:** Application Number 09/943,751-Conf. #8459  
Patent Number**Inventor:** Gabor Fichtinger et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP

Lisa Swiszcz Hazzard

**PHONE:** (617) 439-4444**Attorney Dkt. #:** 56436(71699)**PAGES (Including Cover Sheet):** 21**CONTENTS:** Amendment Transmittal (1 page);  
Petition for Extension of Time Under 37 CFR 1.136(a) (1 page);  
Response to Office Action (18 pages);  
Charge \$510.00 to deposit account 04-1105;  
Certificate of Transmission (1 page).

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PTO/SB/97 (09-04)

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Application No. (if known): 09/943,751

Attorney Docket No.: 56436 (71699)

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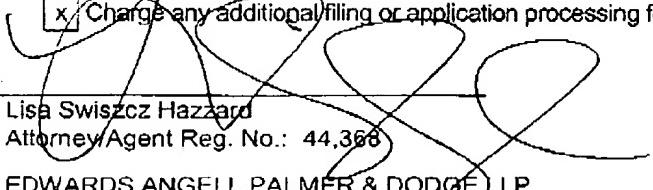
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Amendment Transmittal (1 page);  
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<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 56436 (71699)
Application No. 09/943,751-Conf. #8459	Filing Date August 30, 2001	Examiner V. X. Nguyen	Art Unit 3734	
<b>Applicant(s):</b> Gabor Fichtinger et al.				
<b>Invention:</b> CONTROLLABLE MOTORIZED DEVICE FOR PERCUTANEOUS NEEDLE PLACEMENT IN SOFT TISSUE TARGET AND METHODS AND SYSTEMS RELATED THERETO				
<b>TO THE COMMISSIONER FOR PATENTS</b>				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
<b>CLAIMS AS AMENDED</b>				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	52	- =		x
Independent Claims	10	- =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within third month				510.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				510.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 04-1105 in the amount of \$ 510.00 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
Dated: March 19, 2007				
 Lisa Swiszcz Hazzard Attorney/Agent Reg. No.: 44,366				
EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 439-4444				